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Public Health
Seattle & King County

Health Advisory: Recognizing, Managing, and Reporting Zika Virus Infections in Travelers Returning from Central America, South America, the Caribbean, and Mexico, 15 JAN 2016

Actions requested:

- Zika virus infection should be considered in patients with acute fever, rash, arthralgia, or conjunctivitis, who traveled to areas with ongoing transmission in the two weeks prior to illness onset.
- No specific antiviral treatment is available for Zika disease. Treatment is generally supportive and can include rest, fluids, and use of analgesics and antipyretics. Because of similar geographic distribution and symptoms, patients with suspected Zika infections also should be evaluated and managed for possible dengue or chikungunya infection.
- Aspirin and other NSAIDs should be avoided until dengue can be ruled out to reduce the risk of hemorrhage. In particular, pregnant women who have a fever should be treated with acetaminophen.
- Fetuses and infants of women infected with Zika during pregnancy should be evaluated for possible congenital infection and neurologic abnormalities.
- There is no commercially available lab test for Zika infection; PCR and serologic testing can be arranged by Public Health; report suspected cases to Public Health at 206-296-4774.
- Advise pregnant women and women and women who may become pregnant during travel to consider postponing travel to areas with Zika transmission.
- Pregnant women and women trying to become pregnant who do travel to areas with Zika transmission should adhere to steps to avoid mosquito bites.
- Advise all travelers to take steps to avoid mosquito bites to prevent Zika infection and other mosquito-borne diseases.
- See CDC links below for complete information about Zika virus infection.

Background: As of 15 JAN 2016, local transmission of Zika virus had been identified in at least 14 countries or territories in the Americas, including Puerto Rico (See PAHO link for areas with Zika transmission). Further spread to other countries in the region is likely. Local transmission of Zika virus has not been documented in the continental US. However, Zika infections have been reported in travelers returning to the US and the number of cases among travelers visiting or returning to the US likely will increase. Imported cases may result in local spread of the virus in some areas of the continental US and human-to-mosquito-to-human spread of the virus. About one in five people infected with Zika become symptomatic. Clinical illness usually is mild with symptoms lasting for several days to a week; severe disease requiring hospitalization is uncommon and fatalities are rare. During the current outbreak in Brazil, Zika virus RNA has been identified in tissues from several infants with microcephaly and from fetal losses in women infected during pregnancy and Brazil has reported a marked increase in the number of babies born with microcephaly. However, it is not known how many of the microcephaly cases are associated with Zika infection and what factors increase risk to the fetus. Guillain-Barré syndrome also has been reported following suspected Zika virus infection.

RESOURCES

- **General information about Zika virus and disease:** http://www.cdc.gov/zika/
- **Zika virus information for clinicians:** http://www.cdc.gov/zika/hc-providers/index.html
- **Protection against mosquitoes:** http://wwwnc.cdc.gov/travel/yellowbook/2016/the-pre-travel-consultation/protection-against-mosquitoes-ticks-other-arthropods
- **Travel notices related to Zika virus:** http://wwwnc.cdc.gov/travel/notices
- **Information about Zika virus for travelers and travel health providers:** http://wwwnc.cdc.gov/travel/yellowbook/2016/infectious-diseases-related-to-travel/zika
- **Pan American Health Organization (PAHO):** http://www.paho.org/hq/index.php?option=com_topics&view=article&id=427&Itemid=41484&lang=en
- **Approximate distribution of Aedes aegypti and Ae. albopictus mosquitoes in the United States:** http://www.cdc.gov/chikungunya/resources/vector-control.html